

their young students to study math and science is our space program, particularly our manned spaceflight program.

As we all know, today in America the majority of the new high-paying jobs are being created in high technology industries like the computing industry, and those jobs are dependent on America producing young people ready to go into the workplace with skills in math and science.

Indeed, the computing industry is so big that it is generating jobs for artists, for marketers, and for other people who do not traditionally study in the sciences. Many of these jobs are dependent on motivating our kids. There is nothing that motivates our kids more than our space program.

Today I am proud to say that the shuttle Columbia is now preparing to leave the Earth later this week on a mission to deploy a new space-based telescope, a telescope that will aid in our understanding of our place in the universe.

Madam Speaker, we should be proud of our space program, and on this day, the 30th anniversary of the first manned lunar mission, we should continue and remember to support our space program to the fullest extent possible.

#### PRICE DIFFERENTIALS IN PRESCRIPTION DRUGS ARE A FORM OF PRICE DISCRIMINATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from West Virginia (Mr. WISE) is recognized during morning hour debates for 5 minutes.

Mr. WISE. Today I am releasing the results of a report that we have done, a study that we have done, an international comparison of retail prescription drug prices and the rate that West Virginia senior citizens pay versus what a citizen would pay in Mexico or Canada for the same prescription drug.

The results are astounding. What we have concluded is that West Virginia senior citizens, and incidentally, this is true for all senior citizens across the country, West Virginia senior citizens pay significantly higher retail prices for prescription drugs than consumers in either Canada or Mexico.

This also applies to other nations as well. We chose Canada and Mexico as ones that we could survey easily. For instance, in Canada, West Virginia senior citizens will pay, on the average, the average retail price difference will be 99 percent more for certain prescription drugs than the Canadian citizen will pay. A West Virginia senior citizen will pay 94 percent more than a citizen in Mexico for the same drug.

We took five prescription drugs, and these are not generic medications, five prescription drugs that are the five

patented non-generic drugs with the highest annual sales to senior citizens in 1997. They are Zocor, Prilosec, Procardia XL, Zoloft, and Norvasc.

If we look at just the top two, Zocor, these are prescription drugs that our senior citizens need the most and buy the most. If we look at Zocor, the Canadian retail price for the particular dosage is \$46.14. If we look at the Mexican retail price, \$63.15 cents. If we look at the West Virginia senior citizen out-of-pocket price, it is \$114.48. Prilosec, that is \$54.87 to the Canadian consumer, \$39.47 to the Mexican consumer, and \$127.34 to the West Virginia consumer.

So the price differential, once again, between Canada and West Virginia is 132 percent, between Mexico and West Virginia is 223 percent, as illustrated in the chart I have here, with Canadian price in blue, the Mexican price in red, and the West Virginia senior citizen price in beige.

We looked at two other medications as well, Synthroid and Micronase. We found in those particular cases that West Virginia consumers would be paying three times, and in one case as much as nine times, more than their Canadian and Mexican counterparts. This simply is not fair, Madam Speaker. Senior citizens in West Virginia should not have to go to Toronto or Tijuana to do their prescription drug buying. Why is it that Zocor costs more for a senior citizen in Martinsburg or Maronette, West Virginia, than it does for a citizen in Montreal or Mexico City?

Two weeks ago I issued a report comparing prices that a West Virginia senior citizen would pay versus what the prescription drug companies were charging their most favored customers, HMOs, insurance companies, and the Federal Government. The results were exactly the same. It does not matter where we are, apparently, in the world, maybe in the universe, but if you are a West Virginia senior citizen, you are going to be paying more out of pocket than the favored customers who negotiate lower rates with the prescription drug companies, or even consumers in foreign countries.

I object what some are going to say. They are going to say, but, Congressman, the production cost of that medication is different in Mexico or Connecticut or wherever else it is being purchased. GAO looked at this in 1992 and concluded that production and distribution and research and development costs did not account for this large price differential; that indeed, it was simply a markup.

Indeed, I question whether the prescription drug companies are even spreading those research and development costs across the entire world consumer base. My study shows, and incidentally, let me just thank very much the gentleman from California (Mr.

WAXMAN), the ranking member of the Committee on Government Reform and Oversight, and his staff who provided much of the background and did much of the analysis for this study.

What our study shows, though, is that people who need the prescription drugs the most, the senior citizens in our country, and who have the least ability to pay end up paying the most. Why? Because the prescription drug companies engage in differential pricing. These folks, the senior citizens, are the ones who pay out of pocket. They are the ones who are paying the bulk of this.

Mine is not the only report that illustrates this. Look at the Canadian Patented Medicine Price Report. I would just say in closing, Madam Speaker, that clearly West Virginia senior citizens are paying far too much out of pocket for the same prescriptions that their counterparts are paying in other parts of the country and the world.

#### WILL WE SQUANDER OUR SURPLUSES?

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Madam Speaker, I am sure everybody this morning has heard all about the surpluses we have here. We have had the Office of Management and Budget, which is the arm of the White House, indicate that there will be \$1 trillion in surpluses over the next 15 years, and we have heard information from the CBO, which is the arm of Congress, also saying there will be a huge amount of surpluses.

My concern this morning is that the spending that we are talking about here in Congress is increasing, and I hear all the new programs that the President is proposing, so I am concerned. I thought I would bring my concerns to the floor today to discuss with my colleagues a couple of things we should concern ourselves with.

When the Congressional Budget Office and the Office of Management and Budget made their forecast, they used the assumption that none of the spending increases would break the budget caps; that is, the spending limits set by the 1997 Balanced Budget Agreement would be held intact.

I think we all know here this morning that we have already broken the budget caps in some ways, and many of us feel that, in certain areas, we should. But there are several factors that must be in place in order for these optimistic forecasts that CBO and OMB have projected to become reality.

Besides holding within the caps from the 1997 Balanced Budget Agreement, there is a built-in assumption in both these organizations that the economy